

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19567**
Registrar's No. **5457**

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5735 Cote Brillante
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME **William Lafayette Fizer**

3. (b) If veteran, **Spanish-American** name war **World War 1**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced. **Married**
6. (b) Name of husband or wife **Johanna** 6. (c) Age of husband or wife if alive. **60** years
7. Birth date of deceased **March 13, 1878**
(Month) (Day) (Year)

8. AGE: Years **65** Months **3** Days **1** If less than one day
hr. min.

9. Birthplace **Bedford City** **Virginia**
(City, town, or county) (State or foreign country)

10. Usual occupation **Jobber**
11. Industry or business **Carpenter**

12. Name **Robert Fizer** 13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Martha** **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Johanna Fizer**
(b) Address **5735 Cote Brillante**
17. (a) **Burial** (b) Date thereof **6 - 17 - 43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **National Cem.,**

18. (a) Signature of funeral director **Chas. F. Stuart**
(b) Address **1225 Union Blvd.**

19. (a) **JUN 15 1943** (b) **J. F. Brenek**
(Date received for burial) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis** **176**
(If outside city or town limits, write "RURAL")
(d) Street No. **5735 Cote Brillante**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14**
year **1943** hour **9** minute **30** A. M.

21. I hereby certify that I attended the deceased from **11:01** to **11:30** 19**43**
that I last saw him alive on **June 13, 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion**
Coronary Sclerosis

Due to **Gift**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **6**
Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (b) Means of injury

23. Signature **W. F. Brenek** (M. D. or other)
Address **1225 Union Blvd.** Date signed **6/15/43**

JUL 8 - 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
.....
Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.